M 120308828

STATEMENT OF **ORGANIZATION**

1 Only 1			Office Use Only	
NAME OF COMMITTEE (in full	(Check if name is changed)	Example: If typing, type over the lines.	TOTAL STATE	
FRUE NDS	OIFI ILIAIUIRIEIENI I	Ciuinimi I NIGISI I I		
ADDRESS (number and s	treet) [PO BOX 13	[PO BOX 134		
(Check if addr is changed)	ess			
	DIUINIMIOIRE		STATE A ZIP CODE A	
COMMITTEE'S E-MAIL	ADDRESS		•	
(Check if addr is changed)			ENICIUMMINITINIGISIOICIOM	
	Optional Second E-Mail A		CIUIMIMININIGISIOICIOMI	
	•			
COMMITTEE'S WEB PA				
(Check if address is changed)	ess WWW.ELECT	FILIAIUIRIE ENICIUI	MIMILNIGISIOICIOIM	
		11111111		
2. DATE 0 9	' 0.6 ' 2 0 1 2			
3. FEC IDENTIFICAT	ION NUMBER ►	00518423		
4. IS THIS STATEMEN	IT 🗍 NEW (N) OR	AMENDED (A)		
1 certify that I have exar	nined this Statement and to the be	st of my knowledge and belief	it is true, correct and complete.	
Type or Print Name of T	reasurer <u>JAMES</u>	OMEARA		
Signature of Treasurer	THE STATE OF THE S		Date 09 106 12012	
NOTE: Submission of fals		n may subject the person signin	g this Statement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS.	
Office Use Only		For further information Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100	ECL. ELIBIN I	

Local 202-694-1100